

STATE FILE NO.

2896

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>31 Yrs</u> IN ARIZONA <u>41 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>			
C. CITY OR TOWN <u>Wickenburg</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Wickenburg</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Swilling Ave.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Swilling Ave. Box 184</u>			
3. NAME OF DECEASED (TYPE OR PRINT) <u>James (B) Richard Gobble</u>		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
6B. NAME OF SPOUSE <u>Myrtle Gobble</u>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>17</u> YEAR <u>1894</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>60</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Maintenance Man For State</u>	9B. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
14A. FATHER'S NAME <u>James William Gobble</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Ella Gregg</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
16. INFORMANT'S SIGNATURE <u>Mrs. James Gobble Box 184, Wickenburg, Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>May 4 1954</u>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. <u>18201</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>From History</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. _____				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dead When Examined.</u> , TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <u>8:00 PM</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>Flaydell Bralleau Snd.</u>		22B. ADDRESS <u>Wickenburg, Ariz</u>		22C. DATE SIGNED <u>5-6-54</u>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u>NATURAL CAUSE</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Wickenburg, Arizona</u>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Heart Attack</u>			
24A. CORONER'S SIGNATURE <u>R. L. Westall, Erffice Coroner</u>				24B. ADDRESS <u>Box 794 Wickenburg</u>		24C. DATE SIGNED <u>5/6/54</u>	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>5-7-54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg, Arizona</u>	
26A. DATE REC. BY LOCAL REG. <u>5/10/54</u>		26B. REGISTRAR'S SIGNATURE <u>H. L. Offinger</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Offinger</u>		27B. ADDRESS <u>Wickenburg, Arizona</u>	